

## Access to Care for Pneumonia in a Rural Province in Thailand

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**Background:** Active, population-based surveillance for hospitalized cases of radiographically-confirmed pneumonia began in September, 2002 in Sa Kaeo province, Thailand. We performed a household survey to further characterize medical use patterns and access to health care among persons with self-reported pneumonia.

**Methods:** A cluster survey was conducted in 40 households in 40 villages. Every member (or proxy) of the household was interviewed to identify cases of possible pneumonia. A case of possible pneumonia was defined as a self-reported history in the preceding 12 months of either a) cough and difficulty breathing for at least two days or a b) diagnosis of “pneumonia” by a health care provider. Interviewers administered a structured questionnaire that asked about clinical illness and utilization of health care services.

**Results:** Among 1600 households, 5,658 persons were surveyed. A total of 59 persons (47 adults and 12 children <20 years of age) reported having possible pneumonia, yielding a rate of 10.4 cases/1,000 persons per year. Of the 58 persons with complete data, 53 (91%) sought medical care, the majority (72%) seeking care from more than one place. Hospitals facilities (outpatient, emergency or inpatient) were the most common initial site of care (43%), followed by private physicians (26%) and health centers (23%). Overall, 81% of patients with possible pneumonia visited a hospital during the course of their illness. Neither distance nor cost was reported as a barrier to seeking care.

**Conclusion:** The majority of people with possible pneumonia were evaluated at a hospital, suggesting that medical treatment and radiologic assessment is readily available in Sa Kaeo. These data suggest that it is feasible to do population-based surveillance for hospitalized cases of radiologically-confirmed pneumonia in Sa Kaeo.

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